## What information should be entered under Last Work Date, Date Disability Began and Date Returned to Work?

List the last day the employee was at work, even if it was not a full day under Last Work Date. The first full day of work missed, not the date of injury should be entered under Date Disability Began. Under Date Returned to Work, list either the date the employee returned (include returning to modified duty), NLT (no lost time), or HNR (has not returned). Please make it clear if the injured employee is missing a full day of work.

### What should I put in the section Type of Illness/Injury?

List the type of injury the employee has in the block Type of Illness/Injury. For example, if the employee has fallen it should read as fall/bruising or fall/fracture.

#### Do I include the employee's home or work address on the report form?

List the employee's home address in the address block directly under the employee's name.

## How specific should I be in describing the department or location where the accident or illness occurred?

This should represent the specific location where the accident took place such as lobby, restroom, kitchen, maintenance shop, etc.

In the block marked employer, list your cabinet, department and division. If the injured employee was not at their usual work location at the time of injury, list specifically where they were at the time of injury in the box labeled department or location where accident or illness/exposure occurred.

# Do I list the injured employee's health care provider under the heading Physician/Health Care Provider?

No, list the health care provider or office name that the injured employee received medical treatment from. If the employee does not seek medical care, this section remains blank.

Under the heading Initial Treatment, if 0 or 1 is checked, Physician/Health Care Provider should be blank. If there is no medical treatment, simply place N/A in the Physician/Healthcare Provider and Hospital boxes. If 2, 3 or 4 is marked, this section should be completed using the provider's information. Do not list a provider, but check no medical treatment.

#### Who should complete the First Report of Injury?

The injured employee should notify their supervisor when they have been injured. It is the supervisor's responsibility to complete the IA-1 with the assistance of the injured employee. The injured employee should not complete the IA-1 on their own. The supervisor should list his/her own name or the name of the person completing the form in the section Preparer's Name & Title, not the name of the injured employee.

In the section labeled, Employer Contact Name/Phone Number, please list the supervisor or agency contact name and contact information. Do not list relatives of the injured person.